PTO/68/22 (10-00)
Approved for use through 18/01/2002, QMB 0651-0031

Under th	e Paperson	Reduction Act of 1895, no pers	ot bnocess et berkoen ere ene	a collection of information o	rices it displays a valid Chill control numb	<u> </u>
		REXTENSION OF			Docket Number (Optional) 705570US1	
	In re Application of Hinkle et al. Application Number 09/833,183 Filed 04/11/2001					
						RECEIVED CENTRAL FAX CENTER
			Group Art Unit Examiner 2644 Justin I. Michatski		MAR 3 1 2005	
This is a request under the provisions of 37 CFR 1.136(s) to extend the period for filing a response in the above identified application.						7
		d extension and appr eriod desired):	opriate non-small-en	tity fee are as follo	ws	
	×	One month (37 CFR	1.17(a)(1))		\$ <u>120.00</u>	
		Two months (37 CF	R 1.17(a)(2))		5	1
		Three months (37 C	FR 1.17(a)(3))		s	
		Four months (37 C	FR 1.17(a)(4))		. 8	
	· 🗖	Five months (37 CF	R 1.17(a)(5))		\$	
WA	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1800. I have enclosed a duplicate copy of this sheet. the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). ARNING: Information on this form may become public. Credit card information should not included on this form. Provide credit card information and authorization on PTO-2038.					
_		Date			Signature Signature Gordon K. Harris, Jr. yped or printed name	
व्यक्ताच्या व कार	NO LISTO GU	e signature is required, see	is all record of the entire tr below.	sterect or their represen	tative(s) are required. Submit multip	•
Total	D 07	forms are submitted.		·		

of the amount of time you are required to complete this form should be sent to the Crief telecration Office property of the you are required to complete this form should be sent to the Crief telecration Office property of 20231, OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Au satingme, DC 20231,